

**POSITION STATEMENT ON TOBACCO AND SMOKING  
2018**

The British Thoracic Society (BTS) is the principal UK professional membership body representing respiratory physicians and allied professionals (over 3,400 in January 2018). The Society has tobacco control and prevention of starting smoking as two of its highest priorities. The Society's position on tobacco and smoking is summarised in this document.

### **CONTEXT & BACKGROUND**

- 7.6 million Britons smoke (15.8% of adults)<sup>1</sup>
- smoking prevalence is highest in 25-34 year olds (21%), lower socio-economic groups (25%), people with mental health disorders (>40%)<sup>1,2</sup> and the unemployed (30%)<sup>13</sup>
- smoking remains the biggest preventable cause of death and disease in the UK and accounts for approximately 50% of the health inequalities between socio-economic groups<sup>3</sup>
- of the 80,000 deaths per year attributed to smoking approximately 50% are caused by respiratory diseases<sup>4</sup>
- smoking is responsible for over 80% of all deaths from lung cancer and chronic obstructive pulmonary disease<sup>4</sup>
- exposure to smoke in pregnancy, infancy and childhood increases the risks of prematurity, cot-death and chronic respiratory illness<sup>5</sup>
- two thirds of smokers start smoking during or before adolescence and continue to smoke because of nicotine -addiction rather than from choice<sup>5</sup>
- two-thirds of smokers would like to quit<sup>1</sup>
- smoking cessation is one of the most cost-effective treatments for smoking – related illness<sup>6</sup>
- harm reduction strategies may reduce the harm caused by tobacco<sup>7</sup>

### **GOALS**

- the elimination of tobacco-related lung disease in the UK population is the ultimate objective. The Society's goal is to achieve a year-on-year reduction in smoking prevalence and exposure to second-hand smoke.
- the establishment of a smoke-free society. BTS remains committed to working in partnership with others to move toward this goal, providing clinical expertise in national discussions, and local expertise to directly assist those who wish to stop smoking.

## ACHIEVING THESE GOALS

### 1. Legislation & Government policy

The Society welcomes and acknowledges the impact of legislation on work and public places becoming smoke free, Government policy to support smoking cessation<sup>3</sup>, the ban of cigarette vending machines in hotels and pubs, the ban of point of sale advertising in large and small shops, the ban on smoking in cars with children and the legislation on 'plain packaging' incorporating stark, non-pictorial health warnings on all smoking products across all the countries in the UK and the national tobacco control plans. BTS supports plans for the following measures:-

- government policy to raise the duty on tobacco above inflation.
- prohibiting all advertising, sponsorship, brand stretching and product placement related to smoking.
- government and devolved nations' targets of a smoke-free generation across the UK over the next 20 years.
- innovative, strong and sustained antismoking advertising/publicity campaigns targeted at all sections of society and all aspects of smoking.
- the introduction of Medical and Healthcare Products Regulation Agency (MHRA) regulation of electronic cigarettes as medicinal products (2016).
- the European Union Tobacco Directive (2014) introducing plans to ban cigarette flavourings; use larger pictorial warning on tobacco packaging; improve measures to tackle illicit tobacco; and licence electronic cigarettes.
- partnership working between BTS and other organisations to promote measures to reduce the prevalence of tobacco use and harm from tobacco use.
- Legislation that supports the 'polluter pays' principle in which a levy is charged to tobacco companies which will pay for the treatment of tobacco dependence
- The Care Quality Commission and other regulators in the devolved nations report and hold trust boards to account on the treatment of tobacco dependence and smoke-free grounds
- Sustainability and Transformation Partnerships (STPs), Health and Wellbeing boards, regions and countries with integrated health and social care services prioritise and adequately fund smoking cessation services such that all patients accessing the NHS can receive timely, effective, evidenced based treatment for tobacco dependence.

### 2. Commissioning

The provision of Stop Smoking services is not uniform and the BTS national smoking cessation audit in 2016 showed many secondary care providers do not have dedicated Stop Smoking

Specialists on site to provide immediate support to patients who smoke <sup>6,8,9</sup>. There have been consistent cuts to Public health and local government budgets for smoking cessation since 2013 in England, with 59% of local authorities having cuts in their budgets and significant regional differences<sup>10</sup>.

| Region          | No. of local authorities in sample | % local authorities where:<br>Priority for tobacco Control is high/above average | % local authorities where:<br>Smoking cessation budget was cut | % local authorities where:<br>Tobacco control budget was cut | Average spend per smoker (where data is available) |
|-----------------|------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------|
| North West      | 19                                 | 47%                                                                              | 56%                                                            | 42%                                                          | £13.05                                             |
| North East      | 10                                 | 90%                                                                              | 30%                                                            | 40%                                                          | £15.78                                             |
| Yorks & Humber  | 12                                 | 78%                                                                              | 42%                                                            | 45%                                                          | £16.87                                             |
| West Midlands   | 11                                 | 55%                                                                              | 60%                                                            | 9%                                                           | £21.67                                             |
| East Midlands   | 8                                  | 38%                                                                              | 88%                                                            | 62%                                                          | £15.45                                             |
| East of England | 11                                 | 64%                                                                              | 70%                                                            | 27%                                                          | £15.04                                             |
| South West      | 14                                 | 50%                                                                              | 57%                                                            | 86%                                                          | £12.67                                             |
| South East      | 13                                 | 54%                                                                              | 54%                                                            | 31%                                                          | £15.97                                             |
| London          | 31                                 | 44%                                                                              | 70%                                                            | 52%                                                          | £11.11                                             |
| ENGLAND         | 129                                | 55%                                                                              | 59%                                                            | 45%                                                          | £14.78                                             |

*Table 1 Political priorities, spend per smoker and budget cuts per region in England.  
Source: ASH (Cutting Down: The Reality of Budget Cuts to Local Tobacco Control (November 2016)  
<http://ash.org.uk/category/information-and-resources/local-resources/>)*

BTS supports the use of the national BTS smoking cessation audit tool to monitor the provision of smoking cessation services in secondary care and the commissioning of services to promote smoking cessation. This includes:-

- commissioning of effective national smoking cessation services in all four countries of the UK.
- regional and local health boards to commission smoking cessation services locally.

- the commissioning of effective smoking cessation services in secondary care.
- hospital management teams to fund, support and enforce effective secondary care based smoking cessation services and hospital Smoke-free policies<sup>6</sup>.
- in England, adequate Quality Outcome Framework (QOF) measures in Primary Care to encourage smoking cessation in Primary Care.
- in England, national and local CQUINS to encourage smoking cessation in Secondary Care.

### 3. Tobacco and children

Passive smoking is a major cause of death and disability in children and adults. Approximately 2 million children live in a household where they are exposed to cigarette smoke. Most smokers start to smoke in their teenage years. Children are influenced by parents, siblings, peers, media and marketing. All the evidence indicates that young people are less likely to experiment with and/or persist with smoking if smoking is perceived by society as an unacceptable behaviour. Reducing the number of new smokers is fundamental to a smoke free society. BTS supports the recommendations set out by NICE<sup>11</sup>, the Royal College of Physicians of London<sup>5</sup> and others to reduce the impact and uptake of tobacco in children:

- smoke-free legislation should be extended to other public places frequented by children and young adults.
- protecting children from passive smoke exposure by extending the role of health visitors, school health services and other appropriate agencies to identify exposed children and intervene at family level.
- provision of smoking cessation services designed specifically for young smokers in schools, colleges and the community.
- supporting the work of custom and excise officials to tackle the illicit tobacco trade supplying tobacco to children and adults.
- restricting product placement of cigarettes in films and television by giving an “18 rating” to films and a post – 9.00 p.m. watershed for television programmes that promote role models or leading characters who smoke.

In addition, the pernicious effects of smoking during pregnancy on the unborn child are well documented. They include the increased risk of stillbirth, premature birth, lower birth weight and longer term health problems. Increased efforts should be targeted towards pregnant women for smoking cessation measures and increasing awareness of smoking cessation measures amongst midwives.

### 4. Tobacco and health inequalities

Smoking has become concentrated in the poorest sections of society with the prevalence of smoking being more than double in lower socio-economic groups than higher socio-economic groups. Smokers in lower socio-economic groups are more nicotine dependant, smoke more cigarettes, spend a greater proportion of their income on tobacco and die earlier<sup>4</sup>. People with

mental health disorders are disproportionately represented in lower socio-economic groups and have an even higher prevalence of smoking<sup>2</sup>. Children from lower socio-economic groups are more likely to be exposed to second hand smoke and become smokers themselves<sup>5</sup>. BTS supports actions to reduce health inequalities due to tobacco including:-

- providing more smoking cessation support to those with the highest prevalence of smoking.
- reducing exposure to tobacco that children encounter in households, media, shops and public places.
- supporting efforts to reduce the burden of smoking in people with mental health disorders and offenders.

## 5. Tobacco and the NHS

The National Health Service (NHS) is in the front line of caring for those with smoking-related diseases and delivering smoking cessation services<sup>12</sup>. Health care costs related to smoking are estimated to be £2.8 billion per year<sup>2</sup>. Current smoking cessation measures are cost-effective but not enough smokers or health professionals are aware of available services. The public and health professionals often do not consider smoking cessation as treatment for disease<sup>6,8,9</sup>. Many health professionals, including doctors, have inadequate training and thus cannot deliver optimum smoking cessation interventions. The NHS should promote and have:-

- advertising campaigns at national and local level to make smokers aware of cessation methods, success rates and the availability of local services.
- much greater promotion of smoking cessation as treatment for disease with integration into treatment guidelines.
- training for all NHS staff to deliver 'very brief advice' on smoking cessation.
- availability of a smoking cessation counsellor in all GP surgeries, community healthcare settings and in all NHS hospitals.
- Nicotine Replacement Therapy (NRT) and all other licenced pharmacotherapies (including NRT, varenicline and bupropion) available to all on prescription through all GP surgeries and on all hospital formularies.
- a totally smoke-free policy including all primary and secondary care premises and hospitals, including grounds.
- effective enforcement of smoking restrictions throughout the NHS.
- Smoking status recorded on death certificates for those who smoked, to accurately record smoking related disease.

## 6. Cannabis and Water-pipe smoking

The Society is aware that the presentation of serious lung disease from those who use cannabis and opiates products is increasing<sup>9</sup>. There should be more research into morbidity and quit strategies among this population, and communication of results and advice to

clinicians working throughout the care continuum. More research is also needed into the risks and effects of water pipe smoking.

## **7. Availability of pharmacotherapy to support smoking cessation and temporary abstinence**

Many pharmacotherapies are now available to support temporary abstinence and quit smoking attempts. These medications are safe, cost effective and have a strong evidence base. These medications should be freely available in temporary abstinence and quit smoking attempts are outlined in BTS and NICE Guidelines<sup>8,9</sup>

Medicinal nicotine products are safe and should be encouraged as an alternative regular source of nicotine. We propose deregulation and social marketing of medicinal nicotine products as a competitive alternative to smoked tobacco.

## **8. Harm reduction**

Many smokers may not be able to stop smoking in one step, some may want to reduce the amount they smoke and some people may want to stop using tobacco but continue to use nicotine<sup>7</sup>. Harm reduction from tobacco use can be achieved in a variety of ways and BTS supports a harm reduction strategy as recommended by NICE Public Health Guidance (PH45)<sup>7</sup> to reduce the burden of tobacco related disease on health that includes:

- Raising awareness of licenced nicotine containing products
- Raising awareness of a harm reduction approach

E-cigarettes use has risen dramatically in the last 8 years. There are over two million users of e-cigarettes in the UK at present. Many people use e-cigarettes (nicotine vaporisers) to cut down or quit using tobacco<sup>1</sup>. Licenced e-cigarettes in the UK are licenced by the MHRA to ensure the safety of the devices and the quality and quantity of the nicotine and other products they deliver. All products not licenced by the MHRA are subject to legislation of the European Union tobacco products directive.

*BTS acknowledges the report from Public Health England in 2015<sup>16</sup> and the recommendation that smokers who have tried other methods of quitting without success may want to consider e-cigarettes (ECs) to stop smoking, and that Stop Smoking Services should support smokers using ECs to quit by offering behavioural support alongside e-cigarettes, as many smokers have found e-cigarettes useful as an aid to quit smoking.*

*The impact of 'heat-not-burn' tobacco containing e-cigarettes on health has not been established.*

## 9 Research

The British Thoracic Society supports an active and rigorous research programme into the establishment of a smoke free society.

### THE TOBACCO INDUSTRY

Through a variety of overt and covert means the tobacco industry continues to influence uptake, continuation and intensity of smoking in both the developed and the developing world<sup>12</sup>. We therefore support:-

- strong individual and BTS responses to misleading research or media articles, particularly those that undermine tobacco control efforts.
- strong individual and BTS responses to tobacco industry funding of academic institutions, and disassociation from institutions accepting tobacco industry funding.
- imposing severe penalties on the manufacturers of cigarettes that are regularly being smuggled and on the owners of premises in which smuggled cigarettes are sold.
- working with colleagues in Europe and internationally to continue to combat industry misinformation and active promotion of tobacco products in emerging markets.

### BTS MEMBERSHIP POLICY

Membership of the Society is not open to persons who are or have been full, or part-time, employees of, or paid consultants to, the tobacco industry, at any time during the previous 10 years.

<https://www.brit-thoracic.org.uk/about-bts/join-bts/>

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To include “Stopping people starting smoking”